

MILITARY SUICIDE

Suicides among military personnel have been steadily rising during the past ten years, with suicide now being the second-leading cause of death among military personnel. In recent years, more military personnel have died by suicide than died in combat. This is partly because of rising suicides in the military, but also because of decreased combat deaths due to the recent withdrawal of military personnel from Iraq and Afghanistan.

The overwhelming majority of military suicides (greater than 90%) are by male personnel who are typically younger than 35 years of age. The most common way for military personnel to die by suicide is by firearms. Military personnel are more likely than civilians to use firearms when making a suicide attempt, meaning they are much more likely to die due to how lethal gunshot wounds can be. In general, military personnel seem to make more lethal suicide attempts than civilians, even when using other methods for suicide (e.g., overdose), meaning that they are more likely to die than civilians when they make a suicide attempt.

What Causes Military Personnel to Attempt Suicide?

Suicide is complex, and many different factors contribute to it. Suicide is therefore very hard to accurately predict. Suicide is rarely caused by a single problem or issue, but rather seems to be due to a combination of stressors and problems that often occur at the same time. Relationship problems, financial stress, and legal or disciplinary problems are the life events that occur most often in the time before military personnel die by suicide. These situations can cause military personnel to become emotionally overwhelmed. If military personnel start to think that they cannot handle the stress and feel like their problems will never get any better, they may consider suicide and make a suicide attempt. Relieving emotional pain and/or stopping bad feelings are the most common reasons that military personnel make suicide attempts.

Are Increased Military Suicides Because of Combat and Deployments?

Combat exposure can increase the risk and intensity of psychological and behavioral disorders such as posttraumatic stress disorder, depression, and substance abuse. These conditions increase the risk for suicide. This has led many to conclude that deployments and combat are directly causing the recent increase in military suicides. However, less than half of military personnel who die by suicide have ever been deployed or been in combat, meaning that for the majority of military suicides, deployment and combat could not be a cause.

For those military personnel who have been deployed, combat appears to have a small relationship with increased suicidal thoughts over time. Military personnel who have deployed and who also have posttraumatic stress and depression are more likely to be suicidal, especially if they feel isolated or disconnected from others. Combat veterans who feel like they do not “belong” or “fit in” with others are at greatest risk for suicide.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like smoking less or being more outgoing
- A way of feeling, like helping a person to be less scared, less depressed, or less anxious;
- A way of thinking, like learning to problem-solve or get rid of self-defeating thoughts
- A way of coping, like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person’s views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and are trained in techniques for treating suicidality. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on “Find a CBT Therapist.”

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

What Increases Risk for Military Suicide?

Military personnel are more likely to make a suicide attempt or die by suicide if they are experiencing intense emotional pain. This could include depression and trauma (such as posttraumatic stress). Risk for suicide increases when military personnel experience both depression and posttraumatic stress together. Suicidal individuals have very specific ways of thinking about themselves and others that dramatically increase the likelihood of making a suicide attempt. The following beliefs and ways of thinking are especially dangerous:

- Hopelessness, or the sense that things are never going to get better. For example: “Things will never change; it’s always going to be this way.”
- Perceived burdensomeness, or the sense that one makes things worse for others. For example: “You all would be better off without me.”
- Self-hatred, or the sense that one is defective or unworthy of respect or love. For example: “I’m worthless and there is nothing good about me.”
- Unbearability, or the sense that one is unable to tolerate the situation or stress. For example: “This is terrible; I just can’t take it anymore.”
- Guilt, or the sense that one is to blame or responsible for a bad outcome or situation. For example: “It’s all my fault.”
- Disconnectedness, or the sense that one is all alone and has no one to turn to for support. For example: “No one values me or cares about me.”

Certain behaviors and physical symptoms can also increase risk for suicide. Abusing alcohol in order to relieve emotional pain can increase the likelihood of making a suicide attempt because alcohol abuse impairs problem-solving and is associated with making faster, or “more impulsive,” decisions such as the one to attempt suicide. Past abuse and trauma, such as child abuse or sexual assault as an adult, also increase risk for suicide, and appear to be stronger risk factors for suicide than combat exposure.

Are There Warning Signs for Suicide in Military Personnel?

A warning sign is something that we might observe a service member doing or saying that would alert us to increased risk, and may indicate that a suicide attempt will occur in the near future. Many warning signs for suicide have been proposed, but the following seem to be the best indicators of severe suicide risk:

- *Insomnia*: difficulty falling asleep, or waking up multiple times in the night, especially when one is depressed or unable to enjoy life. Military personnel may say things like, I haven’t been able to sleep in days; I just lay in bed tossing and turning.
- *Agitation*: feeling on edge and unable to relax, or like one’s mind is racing. Agitated military personnel may appear unable to sit still, fidget frequently, pace back and forth, or say things like, I just can’t sit still; I feel like I’m crawling out of my skin; I can’t control my thoughts.

- *Feeling trapped*: feeling like one is in a desperate situation with no options left. Military personnel who feel trapped may say things like, I'm stuck; There's no way out.

- *Suicidal thoughts*: thinking about or considering ways to kill oneself. Military personnel thinking about suicide may say things like, I just wish I were dead; I should just kill myself.

- *Suicide preparation or rehearsal*: getting things ready for a suicide attempt or "practicing" a suicide attempt. Military personnel who write a suicide note, make arrangements for their death, or practice how they are going to attempt suicide are at extremely high risk for making a suicide attempt, and should be immediately escorted to a mental health professional or hospital.

Although a number of risk factors for suicide are well-known, it is very important to keep in mind that we are currently unable to predict very accurately who will and who will not make a suicide attempt in the near future.

Does Anything Prevent Suicide or Reduce Risk in Military Personnel?

Social support is very important for preventing suicide. Respect from others is especially important. Military personnel who feel that they are important and valued by others are much less likely to think about suicide.

Furthermore, military personnel who have people who can provide help when they are having problems have less severe suicidal thoughts, even during very stressful times. For example, having family or friends who will lend money during times of financial strain, or having someone to drive you to a medical appointment when sick, reduces suicide risk. Even very simple expressions of concern for a service member can significantly reduce their risk for making a suicide attempt.

Optimism, hope, and pride can also reduce suicide risk when military personnel are extremely stressed or feel like things will never get any better. A strong sense of meaning in life, and having reasons for living, reduces suicide risk in military personnel. Being able to quickly and easily remember what is worth living, especially in a crisis, can reduce the likelihood that military personnel will make a suicide attempt.

What Treatments Are Available for Suicidal Military Personnel?

A number of relatively brief cognitive behavioral therapies can reduce the likelihood of suicide attempts among military personnel. Several "ingredients" are essential for good treatments:

1. Treatments must focus on suicide risk as the primary problem. Treatments that address depression, anxiety, or other problems without also focusing on suicidal thoughts and behaviors are not as effective.
2. Treatments must teach suicidal individuals how to manage their emotional pain, solve problems, and cope with crises and stress.
3. Treatments must directly target suicidal beliefs such as hopelessness, perceived burdensomeness, shame, and self-hatred to reduce the risk for suicide attempts over time. They must also instill hope, optimism, and reasons for living.

These brief cognitive behavioral therapies for suicidal patients were initially developed in civilian settings, and have recently been adapted for suicidal military personnel. Suicidal individuals who receive suicide-focused cognitive behavioral therapy are half as likely to attempt suicide as individuals receiving other forms of therapy. Similar results have been found in the military. Suicide-focused cognitive behavioral therapy usually lasts for 10 to 20 weeks (one appointment per week), and is often provided to suicidal military personnel at the same time as medications, substance abuse treatment, and other forms of care.

Won't Mental Health Treatment Hurt My Career, Prevent Me From Getting Promoted or a Special Duty Assignment, or Get Me Kicked Out of the Military?

Research suggests that over 95% of military personnel who voluntarily seek out mental health treatment from a military clinic do not experience any negative career impact. Negative career outcomes are much more common among military personnel who avoid going to treatment for so long that they start having work-related problems and get into trouble, and are referred by a commander. Seeking out mental health care early on is therefore likely to reduce negative career impact.

Although it is commonly assumed that there is no (or very limited) confidentiality in the military, mental health professionals are actually bound by the same rules of confidentiality as other military medical doctors, as outlined by federal and Department of Defense policy. Be sure to ask your military mental health provider about limits to confidentiality, which typically include imminent risk of harm to self (i.e., suicide risk) or others (i.e., homicide risk), child or elderly abuse, and domestic violence.

Treatment options available to military personnel that are outside the military medical system (some of which offer services to military personnel and veterans for no cost or reduced fees) include:

Military OneSource:

www.militaryonesource.mil

Community mental health professionals:

http://www.abct.org/Members?m=FindTherapist&fa=FT_Form&nolm=1

Where Can I Find Additional Information and Resources About Military Suicide?

VA VISN 19 MIRECC Education Resources:

http://www.mirecc.va.gov/visn19/VISN_19_Education.asp

National Center for Veterans Studies:

www.veterans.utah.edu

Military Suicide Research Consortium:

www.msrc.fsu.edu

National Suicide Prevention Lifeline (suicide hotline):

1-800-273-8255

For more information or to find a therapist:

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